



February 13, 2018

Submitted via regulations.gov

Federal Communications Commission
445 12th Street SW
Washington, DC 20554

Re: WC Docket 17-310; FCC 17-164: Promoting Telehealth in Rural America

Dear Commissioners:

On behalf of the 232 hospitals across 33 states that make up the Rural Hospital Coalition, we appreciate the opportunity to comment on the Commission's initiative to improve rural healthcare in America through the Rural Health Care Program ("RHC"). Our coalition is on the front lines of the battle to tackle the health disparities afflicting rural communities. Broadband-enabled technology offers our rural communities great potential to overcome some of the obstacles in healthcare delivery our communities face. But, as investor-owned hospitals, our hospitals are not eligible to participate in the RHC Program. We believe that all qualified hospitals, regardless of their ownership type, should be able to participate in the RHC Program.

All rural hospitals—whether private or government affiliated—serve rural patients who face critical issues with access to care in the rural communities we serve. The RHC Program facilitates critical healthcare delivery in rural and remote parts of America—the same communities where our patients depend on our hospitals. Our physicians and medical professionals are treating some of the nation's poorest and sickest citizens every day. Our facilities provide higher rates of uncompensated care than metropolitan facilities.¹ We also treat a greater share of patients on Medicaid² – a program that has historically paid less for hospital services than the actual costs associated with providing care.³ Rural hospitals are community anchors that ensure that the approximately 51 million rural Americans have access to high-quality health care service in their communities.

Allowing tax paying hospitals to participate in the RHC Program would allow us to stretch thin resources further and better serve all patients. Alternatively, we urge the FCC to permit the grandfathering of existing RHC Program facilities when they are acquired by a tax paying hospital. In cases such as these, while a hospital's ownership may change, the patients the hospital serves does not. In most cases, these hospitals are the only hospital in their rural communities.

¹ NRHA, <http://www.ruralhealthweb.org/go/left/about-rural-health/what-s-different-about-rural-health-care>.

² Rural Assistance Center, What are some challenges that rural hospitals face?, <http://www.raconline.org/topics/hospitals/faqs>, Accessed January 3, 2014.

³ American Hospital Association, *Underpayment by Medicare and Medicaid: Fact Sheet*, December 2010, <http://www.aha.org/content/00-10/10medunderpayment.pdf>.

The RHC Program Should Serve the Vital Needs of *All* Rural Patients

At a time of significant financial pressure, many rural hospitals have been forced to cut vital services or close their doors. When this occurs, patients are left without access to care they depend on. **Our patients and our hospitals are feeling the impact now and the crisis is growing. At least 81 rural hospitals have shut down across the country since 2010 and 673 rural hospitals are vulnerable to closing.**⁴

Our patients would be greatly served by the benefits the RHC Program provides. Expansion of the RHC Program to include all rural hospitals would allow us to deliver services that we are presently unable to deliver due to financial and/or staffing shortages. The RHC Program could help us deliver services such as telepsychiatry, tele-stroke, Electronic Intensive Care unit, pre-natal care to women with at-risk pregnancies, expedited X-ray readings, and the exchange of EHRs.

As of now, physician workforce shortages have hit rural communities hard, resulting in patients lacking access to primary care, dental care, and behavioral healthcare. The patient-to-primary care physician ratio in rural areas is 39.8 physicians per 100,000 people, compared to 53.3 physicians per 100,000 in non-rural areas. Eighty-five percent of rural counties are designated as primary care Health Professional Shortage Areas (HPSAs), some with persistent whole county shortages. This uneven distribution of physicians has an impact on the health of a population, as they lack access to preventative care as well as other types of ambulatory care.⁵ The RHC Program would provide our patients and facilities with great relief.

Rural Hospitals are Vital to Economic Progress in Rural Communities

Rural hospitals are major economic drivers in their communities. They provide jobs, expand the tax base, and attract outside investment. In fact, in many rural communities, hospitals serve as one of, if not *the*, largest employers and taxpayers. They can account for a full 20 percent of the economic activity that a rural community sees in a year.

Economic progress has eluded many Americans living in rural areas. Rural Americans are speaking up about the deteriorating conditions of their communities and the large disparities that exist between their lives and those of their urban and suburban counterparts. For instance, rural Americans are less likely to attend college and earn significantly lower incomes than those in metropolitan areas.⁶ They are also more likely to live near or below the poverty line.

⁴ Caitlin Ostroff, *Millions of American live nowhere near a hospital, jeopardizing their lives*, CNN.COM, Aug. 3, 2017, <http://www.cnn.com/2017/08/03/health/hospital-deserts/index.html>.

⁵ Michael Topchik, *Rural Relevance Study 2017*, THE CHARTIS GROUP, https://www.chartisforum.com/wp-content/uploads/2017/05/The-Rural-Relevance-Study_2017.pdf.

⁶ Newkirk, Vann. "The Affordable Care Act and Insurance Coverage in Rural Areas," Kaiser Family Foundation, Issue Brief, May 29, 2014.

It is not surprising then that rural Americans are more likely to be in poorer health than their urban counterparts.⁷ The link between an individual's economic prosperity and their healthcare is well-established.⁸ Rural Americans are less likely to have private health insurance or prescription drug coverage to help address these disparities. As a result, they suffer from shorter life expectancies, higher infant mortality rates, and higher rates of chronic disease to name a few.⁹ Maintaining access to high quality medical care close to the homes of these individuals is critical to reversing these indicators.

We urge you to ensure all rural patients have access to the critical healthcare services they depend on, regardless of the hospital's ownership type. Thank you and if you have any questions, do not hesitate to contact me at taylornt@gtlaw.com.

Sincerely,

A handwritten signature in cursive script, appearing to read "Nancy E. Taylor", followed by a horizontal line.

Nancy E. Taylor
Rural Hospital Coalition

⁷ National Rural Health Association, What's Different about Rural Health Care?, <http://www.ruralhealthweb.org/go/left/about-rural-health/what-s-different-about-rural-health-care>, accessed December 26, 2013.

⁸ Frenk, Julio, "Health and the economy: A vital relationship," *OECD Observer*, May 2004.

⁹ Rural Health Information Hub, <https://www.ruralhealthinfo.org/topics/rural-health-disparities#disparities-and-inequities>.